

Michigan Gaming Control Board

1500 Abbott Road, Suite 400, East Lansing, MI 48823



Transfer of Interest Application Form

Licensing Division

APPLICATION FOR TRANSFER OF INTEREST

A person desiring to acquire an ownership interest in a casino or supplier licensee/applicant is required to complete and submit this application and any information or documentation, including disclosure forms, deemed necessary by the board.

The board shall not approve a transfer of any interest that is more than a 5% interest in a publicly traded corporation that has applied for or holds a Michigan supplier license unless the board first determines the individual qualifications of each person that acquires the interest in accordance with the relevant qualification and licensing standards set forth in the Michigan Gaming Control and Revenue Act (Act) and the board's administrative rules.

The board shall not approve a transfer of any interest that is more than a 1% interest in a person that is not a publicly traded corporation and that has applied for or holds a Michigan casino or supplier license unless the board first determines the individual qualifications of each person that acquires the interest in accordance with the relevant qualification and licensing standards set forth in the Act and the board's administrative rules.

INSTRUCTIONS:

1. Complete the Application for Transfer of Interest form for each person acquiring an interest in a casino or supplier licensee/applicant. Be sure to submit all appropriate supporting documentation such as Purchase Agreement, Closing Documents, Stock Certificates, etc., with a summary of the transaction.
2. Additional information may be required after review of your application. The Michigan Gaming Control Board, Casino and Service Industry Section will contact you to assist in completing your request for board approval of the Transfer of Interest.
3. Submit form(s) to: Michigan Gaming Control Board, 1500 Abbott, Suite 400, East Lansing, Michigan 48823. ATTN: Casino and Service Industry Section.
4. Please do not use any staples or binders. Paperclips and binder clips are acceptable.

NAME OF CASINO OR SUPPLIER LICENSEE /APPLICANT:

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NAME OF PERSON(S) **TRANSFERRING** INTEREST IN THE ABOVE NAMED **LICENSEE/APPLICANT** (If the person is an entity, provide the name of the entity as appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document. Include DBA or Trade Name.)

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Name	Address	% of Current Interest in Licensee	% of Interest Being Transferred	% of Interest Held After Transfer
Name:	Address: City: State: ZIP: Country:	%	%	%
Name:	Address: City: State: ZIP: Country:	%	%	%
Name:	Address: City: State: ZIP: Country:	%	%	%

NAME OF PERSON **ACQUIRING** AN INTEREST IN THE ABOVE NAMED LICENSEE/APPLICANT. (If the person is an entity, provide the name of the entity as appears on the certificate of incorporation, charter, by-laws, partnership agreement, operating agreement, or other official document. Include DBA or Trade Name.)

Name	Address	% of Current Interest in Licensee	% of Interest Acquired	% of Interest Held After Acquisition
Name:	Address: City: State: ZIP: Country:	%	%	%

VERIFICATION

State of SS:

County of

I, , being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this transfer of interest application. I have full authority to execute this verification and affirm that I am: **(CHECK ONE)**
☐ the person acquiring the interest in the licensee.
☐ an officer of the entity that is acquiring the interest in the licensee.
2. I swear that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.
3. I respectfully submit this application as request for board approval of the transfer of ownership interest.

Name

Title

Date

WITNESS, my hand and Notary Seal, this day of , of .

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires:

County of residence: